TREATMENT PROTOCOL: CHEST PAIN */ ACUTE MI

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Cardiac monitor: document rhythm; attach ECG strip if dysrhythmia identified and refer to appropriate treatment protocol
5. Venous access, prn for non-cardiac origin
6. For non-cardiac chest pain or pediatric, use steps 1-4 only ❹
7. Perform a 12-lead ECG if suspected cardiac origin ❺
8. Do not delay necessary medical treatment in order to obtain an ECG on an unstable patient.

ADEQUATE PERFUSION	POOR PERFUSION
9. **Nitroglycerin** prn for pain 0.4mg SL May repeat in 3-5min two times Hold if SBP less than 100mmHg or patient has taken sexually enhancing medication within 48hrs May administer prior to venous access If hypotension develops, place patient supine and prepare to assist ventilations	9. **Aspirin** ❶ 162-325mg chewable tablets PO, if alert Administer regardless of whether patient is on anticoagulants or has taken aspirin prior to EMS arrival
10. **Aspirin** ❶ 162-325mg chewable tablets PO, if alert Administer regardless of whether patient is on anticoagulants or has taken aspirin prior to EMS arrival	10. **ESTABLISH BASE CONTACT (ALL)**
11. **CONTINUE SFTP or BASE CONTACT**	11. Consider: **Normal Saline** fluid challenge 10ml/kg IV at 250ml increments Use caution if rales present
12. If chest pain unrelieved by 3 doses of nitroglycerin: **Fentanyl** ❷❸❻ 50-100mcg slow IV/IO Titrate to pain relief May repeat every 5min Maximum adult dose 200mcg **Morphine** ❷❸❻ 2-12mg slow IV push Titrate to pain relief May repeat every 5min Maximum adult dose 20mg	12. **Dopamine** (Adult Administration Only) ❼ 400mg/500ml NS IVPB Start at 30mcgtts/min titrate to SBP 90-100mmHg and signs of adequate perfusion or to a maximum of 120mcgtts/min 13. Carefully consider: **Fentanyl** ❷❸❻ 50-100mcg slow IV/IO Titrate to pain relief May repeat every 5min Maximum adult dose 200mcg **Morphine** ❷❸❻ 2-12mg slow IV push Titrate to pain relief May repeat every 5min Maximum adult dose 20mg

SPECIAL CONSIDERATIONS

❶ Contraindications: active gastrointestinal bleeding or ulcer disease, hypersensitivity or allergy

❷ Use with caution: in elderly, if SBP less than 100mmHg, sudden onset acute headache, suspected drug/alcohol intoxication, suspected active labor, nausea/vomiting, respiratory failure or worsening respiratory status

❸ Absolute contraindications: Altered LOC, respiratory rate less than 12breaths/min, hypersensitivity or allergy

❹ Establish base hospital contact for medication orders if patient with chest pain is 30yrs of age or younger.

❺ Contact the STEMI Receiving Center (SRC) if 12-lead ECG tracing has greater than 1mm ST-segment elevation in 2 of more contiguous leads and/or if computer analysis indicates ***Acute MI*** (STEMI) or the manufacturer's equivalent of STEMI, do not delay transport. Continue treatment enroute to the SRC. Paramedics shall transmit the 12-Lead ECG to the SRC and contact the receiving SRC to discuss the Cath Lab Activation Criteria with the ED physician. Base contact is required for notification and medical direction as needed. SFTP providers may contact base after the transfer of patient care if the receiving SRC is not the base hospital.

❻ Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting.

❼ If available.